Request For Continued Examination (RCE) Transmittal

/John T. Kendall/

Signature

Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/583,468		
Filing Date	June 20, 2006		
First Named Inventor	Nafizal Hossain et al.		
Group Art Unit	1625		
Conf No.	1675		
Examiner Name	Charanjit Aulakh		
Attorney Docket Number	06275-517US1/101307-1P US		

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

Submission required under 37 C.F.R. §1.114 Note: If the RCE is proper, any previously filed unentered amendments and

	amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of su amendment(s) a. Previously submitted. If a final Office action is outstanding, any amendment filed after the final Office action may be							
	i. 🗆 (
	b. 🛭 Enclose	ed						
	i. 🔲 .	Amendment/Reply	iii.	\boxtimes	Information Disclosure Statement (IDS)			
	ii. 🔲 .	Affidavit(s)/Declaration(s)	iv.	\boxtimes	Other Interview Summary			
3.	 a. Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required) b. Other Fee The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed. a. Ziech The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 06-1050 							
	i. 🛛	RCE fee required under 37 CFR 1.17(e)						
	ii. 🔲	Extension of time fee (37 CFR 1.136 and 1	.17)					
	iii. 🛛	Other Any deficiencies						
	b. 🗌 Check	in the amount of \$ enclosed						
	c. 🗌 Payme	nt by credit card (Form PTO-2038 enclose	d)		***************************************			
_		SIGNATURE OF APPLICA	NT, ATTORNEY	OR AGE	NT REQUIRED			
Na	Name (Print/Type) John T Kendall Ph D Registration No. (Attorney/Agent) 50.680							

Date

October 14, 2008